## PROBATE COURT OF COUNTY, OHIO IN THE MATTER OF THE GUARDIANSHIP OF CASE NO.\_\_\_\_\_ APPLICATION FOR APPOINTMENT OF GUARDIAN OF MINOR (R. C. 2111.0 3 (C)) Applicant, a resident of \_\_\_\_\_ County, Ohio, hereby applies for the appointment of (himself) (herself) or some suitable person as guardian of the following minor and represents that the applicant is not an administrator, executor, or other fiduciary of an estate wherein the minor is interested. Date of Birth Name of Minor Age Residence or Legal Settlement Attached is a list of the next of kin of the minor. (Form 15.0) A guardian is necessary because (R.C. 2111.06), THE TYPE OF GUARDIANSHIP APPLIED FOR IS \_\_\_\_\_ Non-limited \_\_\_\_\_ Limited \_\_\_\_\_ Person and Estate \_\_\_\_\_ Estate Only \_\_\_\_\_ Person Only IF THE APPLICATION IS FOR LIMITED GUARDIANSHIP, The length (time period) of the guardianship requested is: Indefinite \_\_\_\_\_ Definite to \_\_\_\_\_\_ \_\_\_\_\_ The limited powers requested are: Applicant attaches affidavit pursuant to R.C. 3109.27. Applicant represents that grounds exist for the Court to exercise its jurisdiction. (Applies to guardianship of person only. R.C. 3109.22). The Applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction).

Perso	state of said minor nal propertyestate			\$\$ \$\$	
Annu	al rents		\$ Total \$		
Other	annual income				
Applicant off	ers the attached bor	nd in the amou	nt of \$		
	tify that all the inforcorrect to the best			d in this application ar	id attached
Attorney for Applicant			Applicant		
Typed or printed	name		Typed or printed name		
Street			Street		
City	State	Zip	City	State	Zip
Phone number (inc	clude area code)		Phone number (include area code)		

CASE NO.

Supreme Court Registration Number